

Foster Family Home - Corrective Action Report

Provider ID: 1-150056

Home Name: Alma D. Agpoon, CNA

Review ID: 1-150056-4

94-536 Hiapaiole Loop

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 5/1/2018

End Date: 5/01/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for an increase from a 2 client to 3 client CCFFH review.
Home was in compliance with all requirements and will receive a 1 year 3 client certificate.

Carrie Wakai RN

Compliance Manager

ALMA D. AGPOON

Primary Care Giver

5-1-2018

Date

05-01-2018

Date